

Name
in
Full

CERTIFICATE OF DEATH

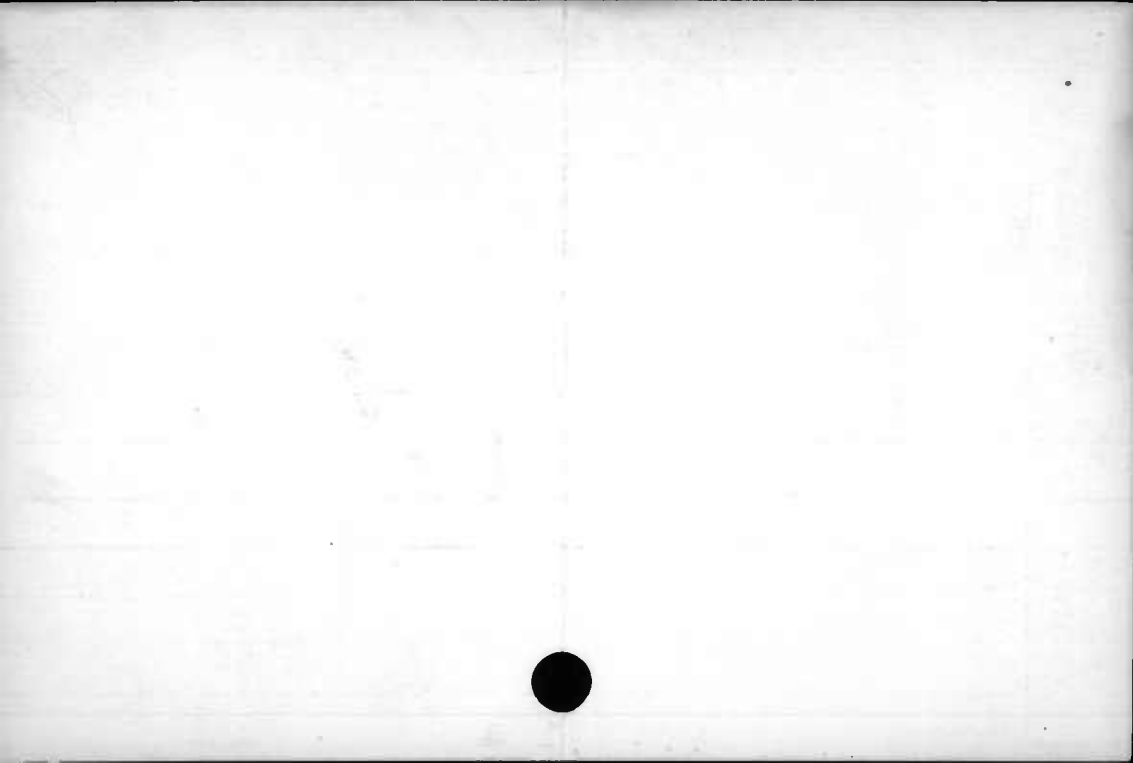
TO BE ANSWERED BY
NEAREST FRIEND

Name *Dr. Almonny* County *Harford*
Died at *Street* Town *Harford* MARYLAND
Date of death 190 *6* Month *12* Day *19* Age *42* Years Months *—* Days *—*
Sex *Male* Color or Race *White* Birth-place *Pa.*
Married, ~~Single~~ *or Widowed* Occupation *Farmer*
Name of Wife or ~~Husband~~ *Mary. Almonny*
Father's Name *—* Father's Birthplace *—*
Mother's Maiden Name *—* Mother's Birthplace *—*
Name of person giving information *Mary Almonny* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Heart failure* (179) How long *A few minutes*
Immediate *" "* How long *—*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *D. W. E. Arthur*
Address *Cardiff Md*
Accident or Suicide? *—*



Name
in
Full

Theodore Ascherfeld J

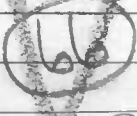
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Havre de Grace		County Howard		MARYLAND	
Date of death		1905	Month Dec.	Day 28	Year 85	Months 1	Days 18
Sex Male		Color or Race White		Birth- place Germany			
Occupation Musician				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Louise Ascherfeld			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? Yes		about 2 weeks
Signature of Physician		R W Smith
Address		Havre de Grace
Accident or Suicide?		



Name
in
Full

Washington Barton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pylesville</i> <small>Town</small>			<i>Hearford</i> <small>County</small>			MARYLAND	
Date of death	<i>1905</i>	Month <i>December</i>	Day <i>12</i>	Age <i>66</i>	Years	Months <i>10</i>	Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Hearford Co Md</i>			
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>near Pylesville</i>						
Married; Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ariel J Barton</i>						
Father's Name <i>John Barton</i>	Father's Birthplace <i>Hearford Co Md</i>						
Mother's Maiden Name <i>Mary A Morris</i>	Mother's Birthplace <i>Hearford Co Md</i>						
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>179</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thas B Hayward</i>	
	Address <i>Pylesville</i>	
	<i>Hearford Co Md</i>	
Accident or Suicide?		



Name
in Full

Sallie A Beaty

CERTIFICATE OF DEATH

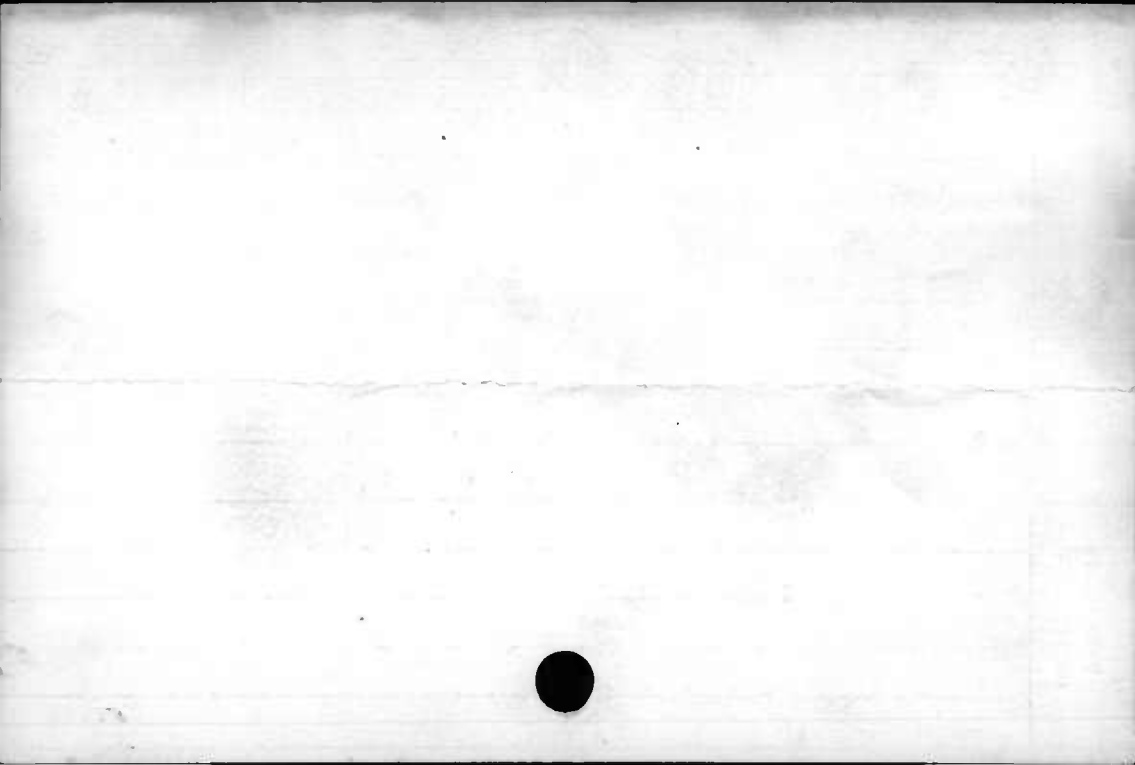
TO BE ANSWERED BY
NEAREST FRIEND

Died at		North Bend		Harford		Maryland	
Date of death 190		3-	Dec	17 th	Age	fifty	
Sex	Female	Color or Race	white	Birth-place			
Married, Single or Widowed	single		Occupation	Housewife -			
Name of Wife or Husband							
Father's Name	Mrs Beaty -				Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis	How long	_____
Immediate	Chronic nephritis	How long	Four months
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Oscar H McNewas	
Address		Jarrettsville	
Accident or Suicide?			



Name in Full

Certificate of Death

Britain (M. M.)

Town

County

Died at

Hess

Harford

MARYLAND

Date 19 05 Dec. 9 Y. M. D. Age Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Disseased Number of children living 0

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Primary

Immediate

How long sick ~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in
Full

Albert Butnick

CERTIFICATE OF DEATH

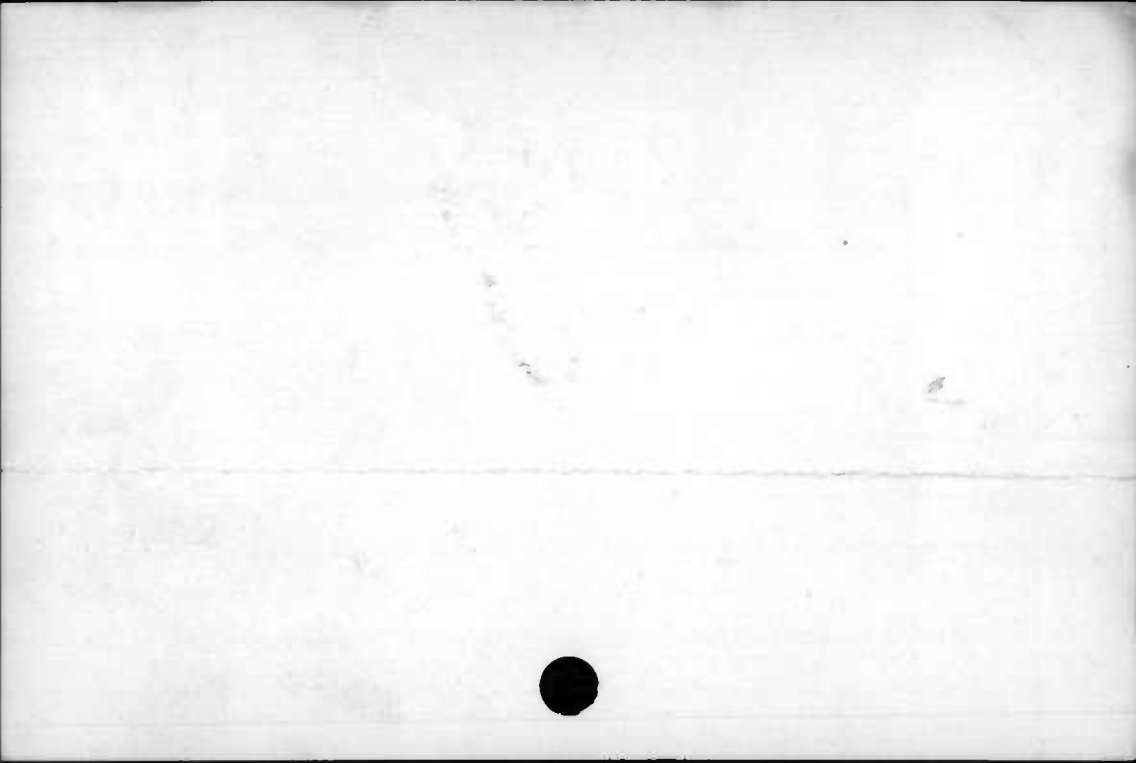
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Robnwood</i> Town		<i>Harford</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>15</i>	Age <i>63</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Robnwood</i>				
Married, <i>Single</i>	Name of Wife or Husband <i>Florentine Butnick</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>son</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart & Kidney trouble</i>	How long <i>many months</i>
Immediate <i>Heart Disease</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. C. Crocker</i>
	Address <i>Harre-de Grace</i>
Accident or Suicide?	



Name
in
Full

Sadie E. Crosson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Home of Grace</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>Dec.</i>		Day <i>9</i>		Age <i>26</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Swan Creek</i>		Months	
Occupation <i>Laborer</i>		Where Residing if not at place of death				Days	
Married , Single or Widowed		Name of Wife or Husband					
Father's Name <i>Robt. Crosson</i>		Father's Birthplace <i>Harford Co</i>					
Mother's Maiden Name <i>Rose Hemore</i>		Mother's Birthplace					
Name of person giving information <i>Robt Crosson</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary <i>Pneumonia</i>	How long <i>about 10 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. W. Smith</i>
<i>Yes</i>	Address <i>Home of Grace</i>
Accident or Suicide?	<i>me</i>

PHYSICIAN
OR CORONER

2492/100

Name
in
Full

Herman Cullison

✓

CERTIFICATE OF DEATH

MARYLAND

Died at *Harre de Grace* TownCounty *Harford*Date of death *1905* Month *Dec.*Day *9*Age *48* Years

Months

Days

Sex *Male*Color or Race *White*Birth-place *Harre de Grace*Occupation *Fisherman*

Where Residing if not at place of death

Married, Single or Widowed *Married*Name of Wife or Husband *Shirley*Father's Name *John Cullison*

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

Injury to head

How long

Immediate

Erysipelas

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Hoodward
H. de Grace Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name in Full

Certificate of Death

Edward Joseph
 Town County

Died at *Lower Churchville Harford*
 1905- Month Day Y. M. D.

MARYLAND

Date *Dec 30* Age *56* Native of *Harford* Occupation *Laborer*
 Male White Married Widw Divorced
 Female Colored Single Widower Number of children living

Husband
 of
 Wife

Father's
 Name

Mother's
 Name

Cause of Primary

How long sick

Death Immediate

Concussion of The Brain

Accident, Suicide, Homicide

Reported by *Thos. H. Roberts No. 20*

Address *Churchville*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79798

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full

Certificate of Death

Euphemia S. Easter

Town

Glenville

County

Hartford

MARYLAND

Died at

Date 1905 December 13 Y M D Native of Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79845

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Name
in
Full

Unnamed Child of J. Ely

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Rutledge		Town		Harford		County		MARYLAND	
Date of death 1905		Month Dec		Day 12		Age		Months 3 Days	
Sex Male		Color or Race White		Birth-place Rutledge Md					
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name James L Ely				Father's Birthplace Harford Co Md					
Mother's Maiden Name Adae Harman				Mother's Birthplace Balt. Co Md					
Name of person giving information J. Ely				How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature birth	How long	15
Immediate	Inanition	How long	three days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Oscar H McNamee	
Address		Jarrettsville Md.	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1905

Month

12

Day

12

Age

Year

—

Months

—

Days

2 days

Sex

Female

Color or

Race

White

Birth-

place

Churchville Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John W. Hamilton

Father's
Birthplace

Abingdon

Mother's
Maiden Name

Ava M. Everist

Mother's
Birthplace

Cambridge

Name of person giving
Information

John W. Hamilton

How related
to deceased

Father

CAUSES OF DEATH

Primary

Lock jaw

How long

2 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

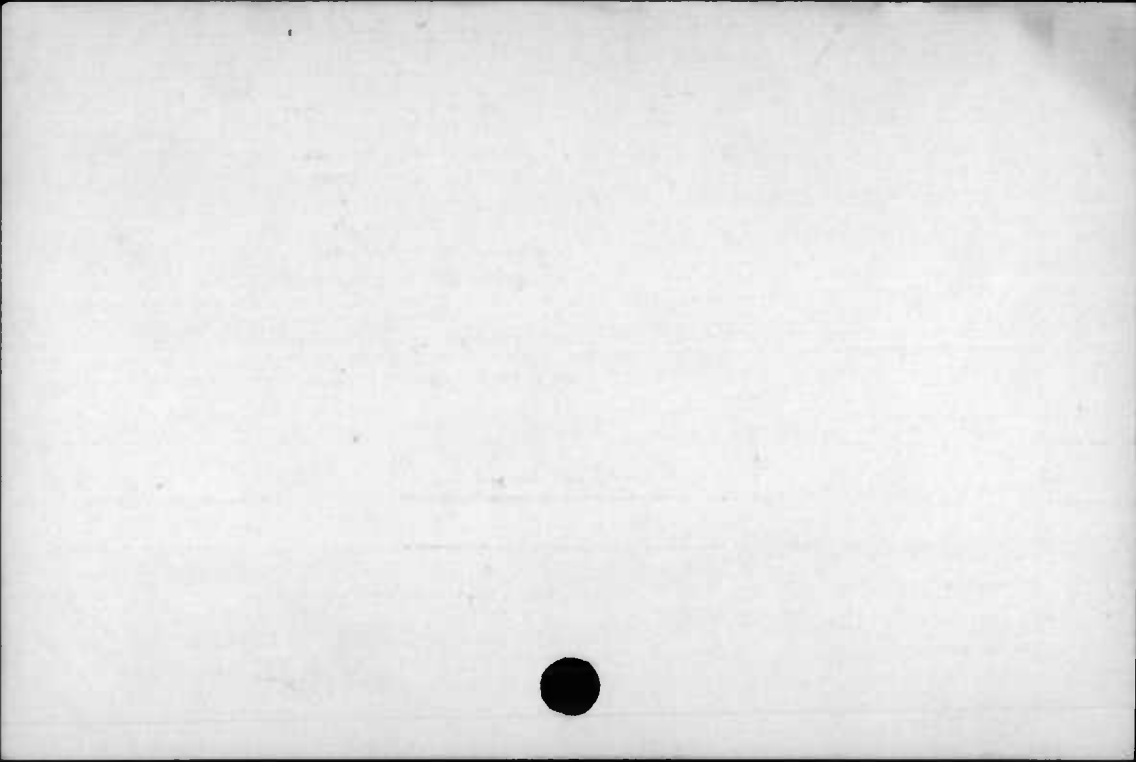
Signature of
Physician

Address

Henry Tarring
Undertaker
Md. Abingdon

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Russell Hawkins

Town

County

Died at

Lapidum *Hearford*

MARYLAND

Date 1915-

Month

Day

12 *21*

Age

Y.

M.

D.

12

Native of

Hearford

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

James O. Hawkins

Mother's

Maiden Name

Abner B. Webster

Cause of

Primary

Whooping cough

Death

Immediate

Cold

How long sick

Since birth

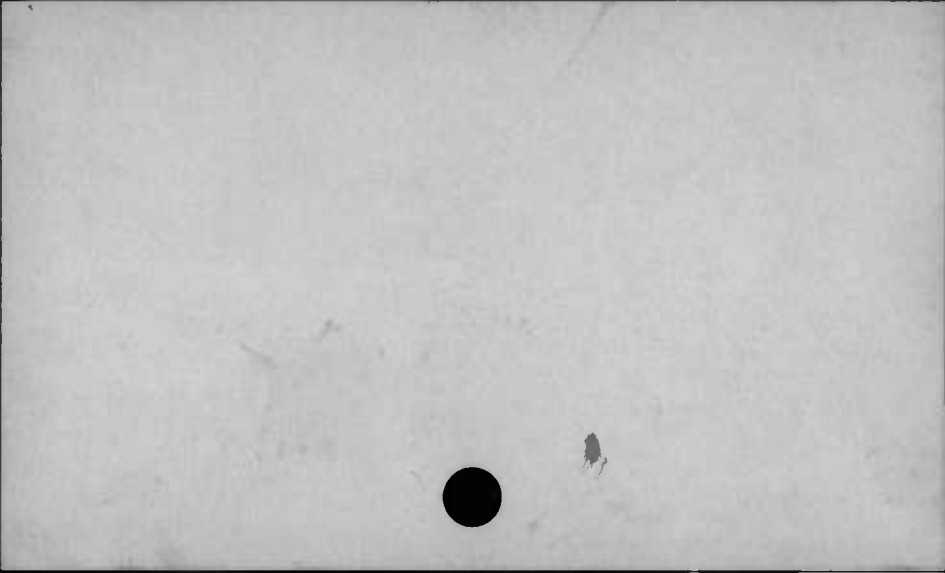
Accident, Suicide, Homicide

Reported by

Address

James O. Hawkins
Lapidum Md. *Henry W. Earl*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

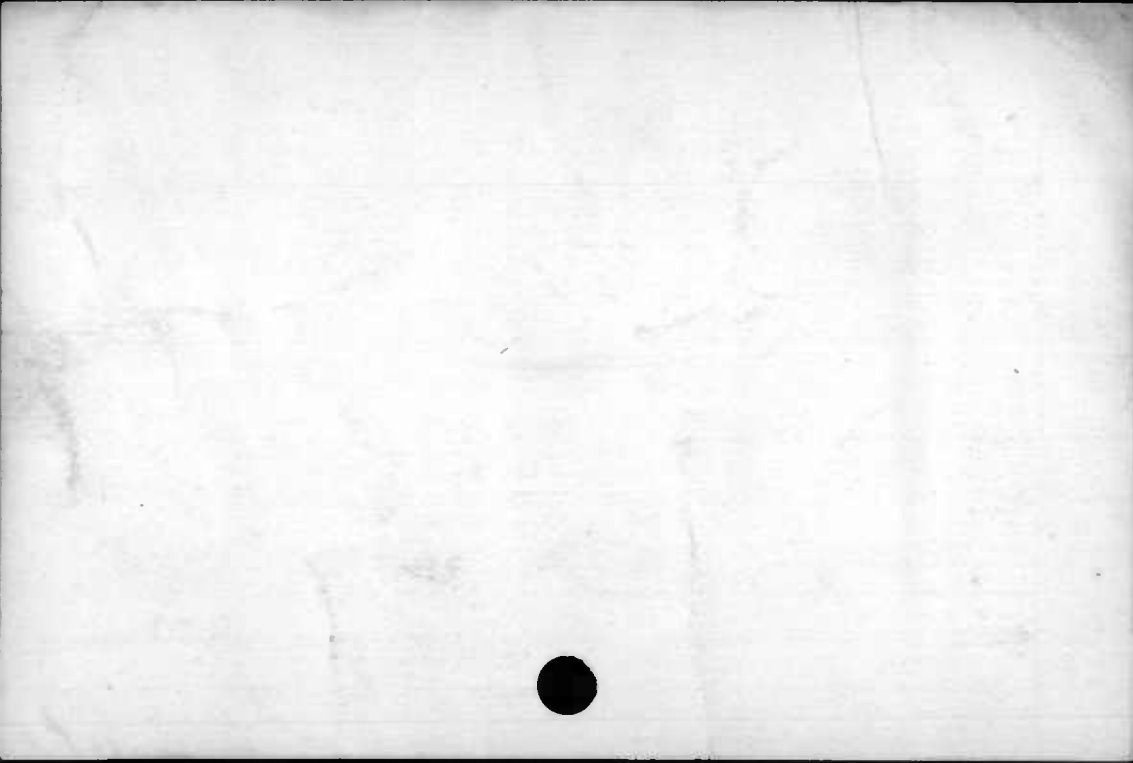
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs Christina Hays</i>		Town <i>Edgewood</i>		County <i>Hartford</i>		MARYLAND									
Died at <i>Edgewood</i>		Date of death 190		Month <i>12</i>		Day <i>18</i>		Age <i>77</i>		Years <i>77</i>		Months <i>77</i>		Days <i>77</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>Hartford</i>											
Occupation <i>no</i>				Where Residing if not at place of death											
Married, Single or Widowed <i>no</i>				Name of Wife or Husband											
Father's Name				Father's Birthplace											
Mother's Maiden Name				Mother's Birthplace											
Name of person giving Information				How related to deceased											

CAUSES OF DEATH

Primary <i>General Debility</i>		How long <i>Long</i>	
Immediate <i>Heart Failure</i>		How long <i>Long</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Stier</i>	
Accident or Suicide?		Address <i>Farmington</i>	



Name
in
Full

Aunice S Humes

CERTIFICATE OF DEATH

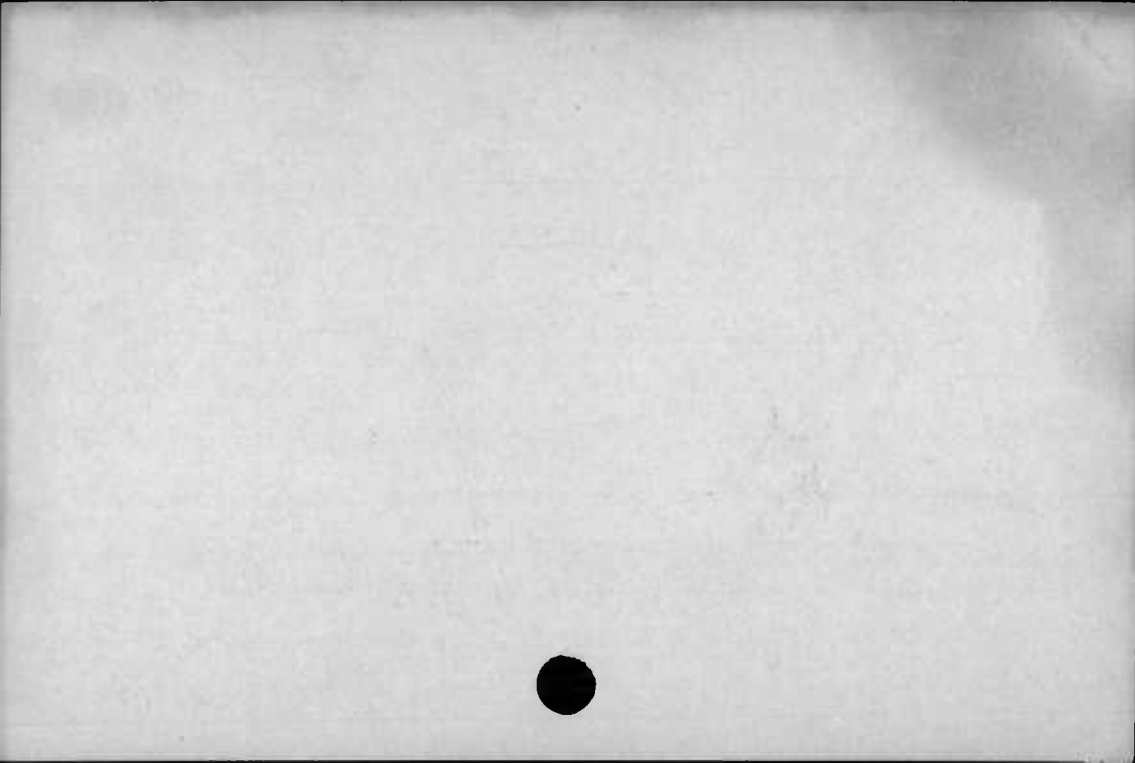
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Darlington</i>		County <i>Hartford</i>		MARYLAND	
Date of death	1905	Month	12	Day	31	Age	75
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Lady</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>Widowed</i>		Name of Husband	<i>Thomas Humes Jr</i>			
Father's Name	<i>James Spillman</i>					Father's Birthplace	<i>Va</i>
Mother's Maiden Name	<i>Mary Ann Barnickman</i>					Mother's Birthplace	
Name of person giving information	<i>Edgar Williams</i>					How related to deceased	<i>Grandson</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rheumatism</i>	How long	<i>10 yrs</i>
Immediate	<i>Heart Failure</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. B. Strickland</i>
		Address	<i>Darlington Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

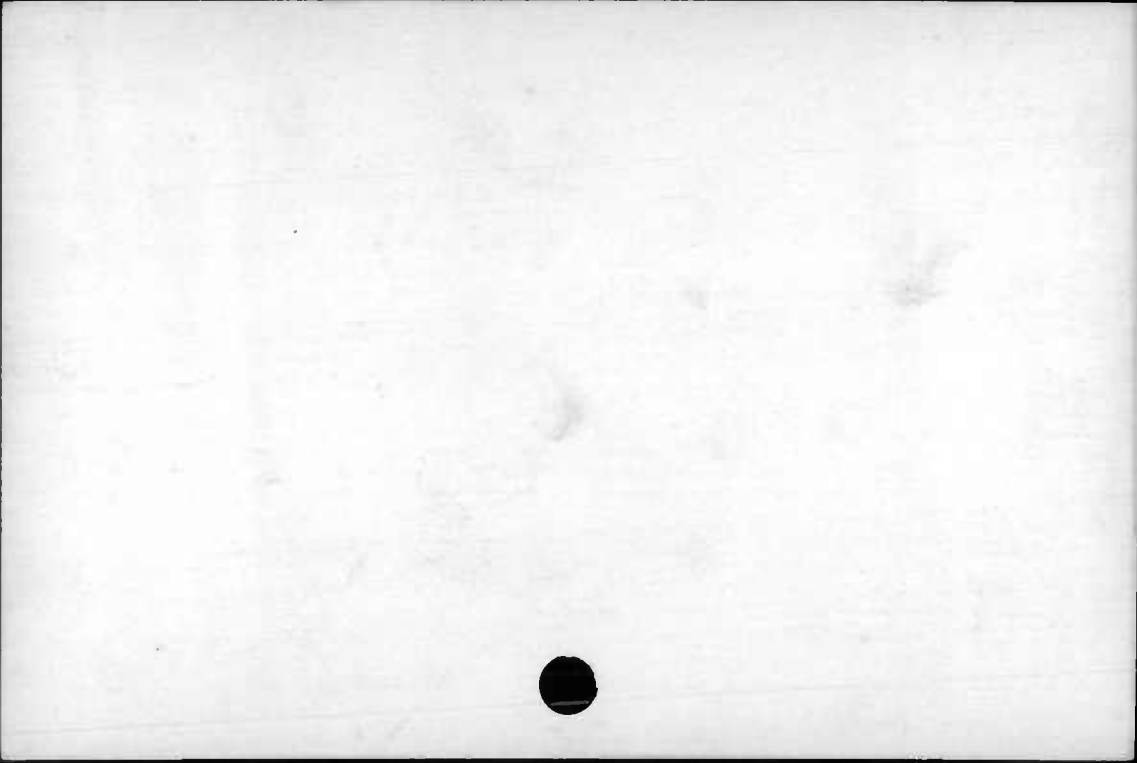
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Whiteford</i> Town		<i>Howard</i> County		MARYLAND	
Date of death <i>1905-11-27</i>	Month <i>11</i>	Day <i>27</i>	Years <i>68</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Whiteford Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Harmon Jones</i>			Father's Birthplace		
Mother's Maiden Name <i>Pauline Jones</i>			Mother's Birthplace		
Name of person giving information <i>Benj. B. Jones</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>3 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. T. Arthur M.D.</i>
	Address <i>Howard Md</i>
Accident or Suicide?	



Name
in
Full

Alice Kelly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harre de Grace</i>		County <i>Harford</i>		MARYLAND	
Date of death	1905	Month	Dec.	Day	8
Sex <i>Female</i>		Color or Race <i>White</i>		Years	52
Occupation <i>House Wife</i>		Where Residing if not at place of death		Months	Days
Married, Single or Widowed		Name of Wife Husband <i>Richard Kelly</i>			
Father's Name <i>Arkwright</i>		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>Richard Kelly</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

Primary <i>Brain Tumor</i>	How long <i>2 or 3 yrs</i>
Immediate <i>Convulsion</i>	How long <i>3 days</i>

Are the name, age, sex, color, date and place correctly given above?

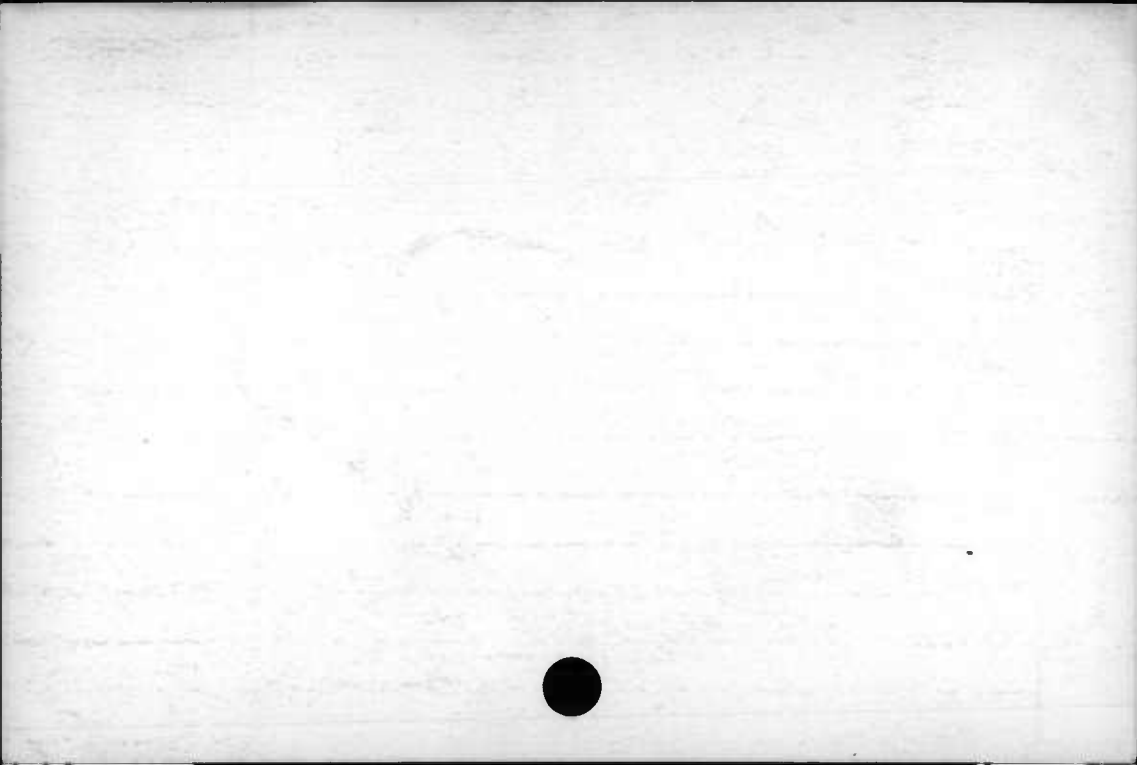
Yes

Signature of Physician

Address

*R. H. Smith**Harre de Grace**MD*

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

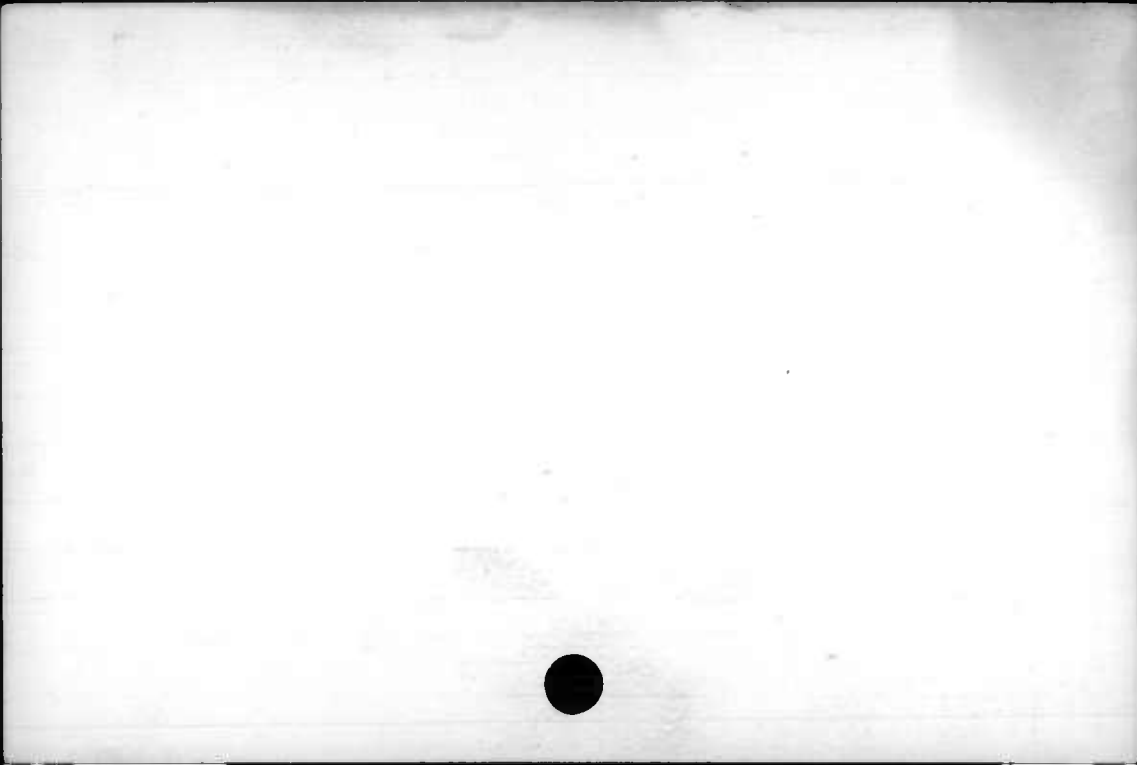
TO BE ANSWERED BY
NEAREST FRIEND

Name *Agnes Isabel Kelley* Town *Upper + Roads* County *Harford co* **MARYLAND**
 Died at *Upper + Roads*
 Date of death 190 *5* Month *Dec* Day *11* Age *7* Years *7* Months *7* Days *7*
 Sex *Female* Color or Race *White* Birth-place *Maryland*
 Married, Single or Widowed *single* Occupation *Infant*
 Name of Wife or Husband _____
 Father's Name *Michael Kelley* Father's Birthplace *Maryland*
 Mother's Maiden Name *Annie Bradley* Mother's Birthplace *Maryland*
 Name of person giving information *Annie Bradley* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bronchitis* **(90)** How long *1 week*
 Immediate *Capillary Bronchitis* How long *1 week*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *H. F. Bradley*
 Address *Garrettsville Ind*
 Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Flintville* TownCounty *Harford*Date of death *1905* Month *12* Day *5*Age *29* Years

Months Days

Sex *Male* Color or Race *White*Birth-place *md*

Occupation _____

Where Residing if not
at place of death *md*Married, Single
or WidowedName of Wife or
Husband _____Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation *Mrs. Bagby*How related
to deceased *Daughter*

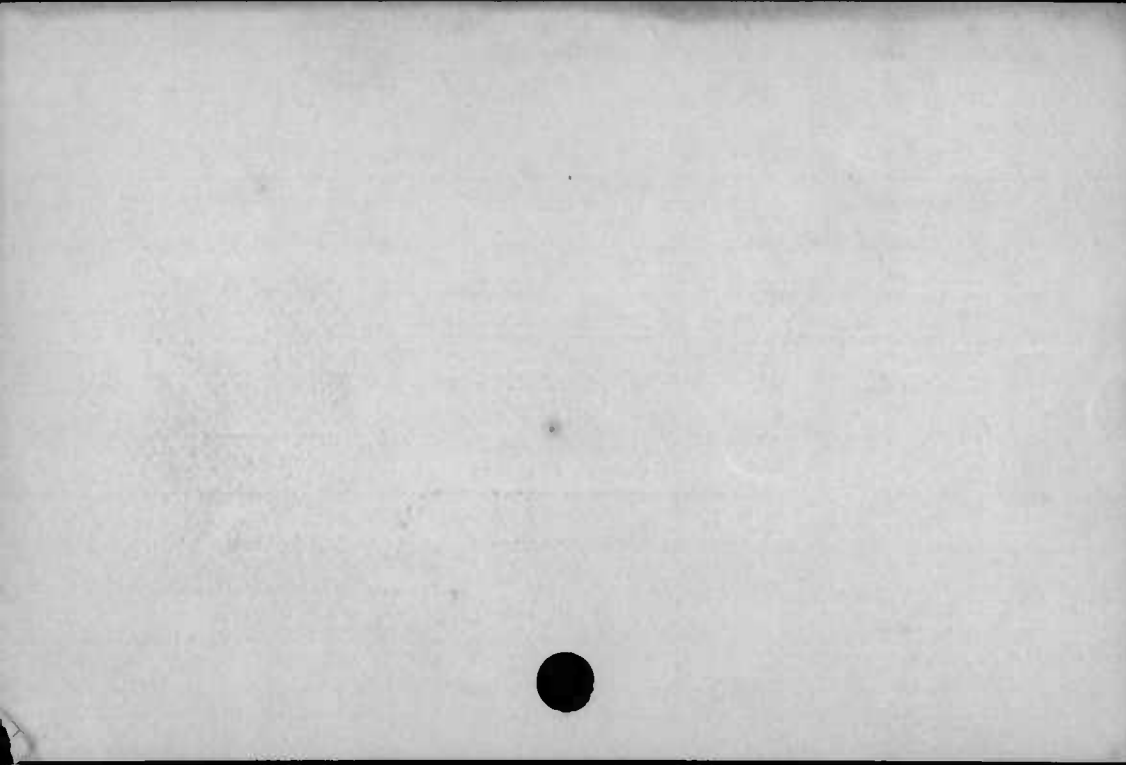
CAUSES OF DEATH

Primary *Sclerosis*How long *3 yrs.*Immediate *Apoplexy*How long *12 hrs.*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician

Address

*Rosemary Ramsey
Delta York Co. Pa.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

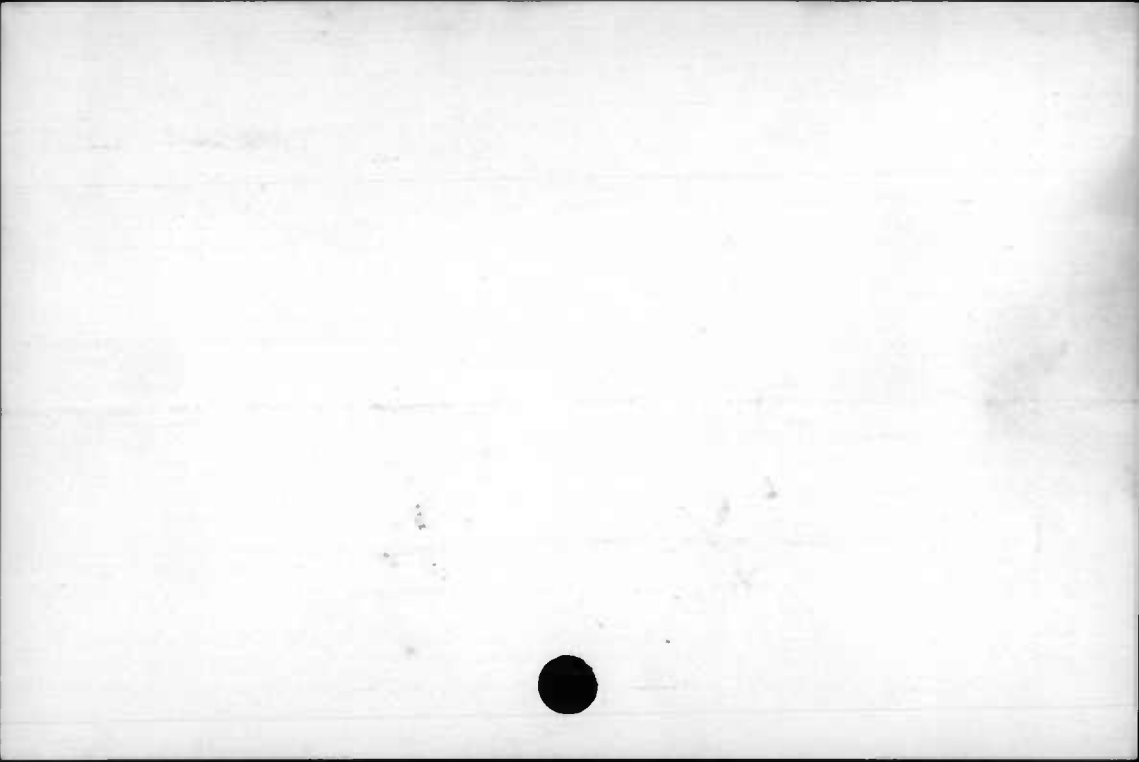
MARYLAND

Died at <u>Steah</u> Town <u>Pa</u> County <u>Harford</u>					
Date of death <u>1905</u>	Month <u>Dec.</u>	Day <u>20</u>	Age <u>59</u>	Months <u>April</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Pa.</u>		
Occupation <u>House wife</u>		Where Residing if not at place of death <u>Steah and.</u>			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Samuel Moore</u>				
Father's Name			Father's Birthplace		
Mother's Maiden Name <u>Sara</u>			Mother's Birthplace		
Name of person giving information <u>Wm Dick</u>			How related to deceased <u>Son-in-law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>2 years</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>G. W. Famous</u>
	Address <u>Street</u>
Accident or Suicide?	<u>and</u>



Name
in
Full

Wm M Moon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel air</i>		County <i>Harford</i>		MARYLAND	
Date of death	1905	Month <i>Dec</i>	Day <i>27</i>	Age	Years <i>1</i> Months <i>1</i> Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>Negr</i>		Birth-place <i>md</i>		
Occupation <i>—</i>		Where Residing if not at place of death <i>Bel air</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>August Brown</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Carrie P Moon</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Bill Moon</i>		How related to deceased <i>Grand Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hereditary Syphilis</i>	How long <i>1 mo</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Volunte S Page</i>
	Address <i>Bel air</i>
Accident or Suicide?	

Buried at Tabernacle
Dec 24 1805

Name
is
Full

Edward Shill Dorsey Poe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i>		Town <i>Bel Air</i>		County <i>Harford</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Dec</i>	Day <i>23</i>	Age <i>60</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Bel Air</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Leonulda D Poe</i>						
Father's Name <i>Michael E Poe</i>	Father's Birthplace <i>Md</i>						
Mother's Maiden Name <i>Elizabeth Poe</i>	Mother's Birthplace <i>Md</i>						
Name of person giving information <i>Mrs. Poe</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Parenchymatous Nephritis</i>	How long <i>3 years</i>
Immediate <i>Syncope</i>	How long <i>14 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. F. Ward Gilbert</i>
	Address <i>Bel Air Md.</i>
Accident or Suicide? <i>No</i>	

Buried at St Marys

Dec 26 1905-

Name in Full

Certificate of Death

Eugene Burns Robinson

Died at Rutledge ^{Town} Harford ^{County} — MARYLAND

Date 1905 Dec 29 | Age 2 1/2 12 | Native of Harford | Occupation Infant

Male ~~White~~ Married ~~Widow~~ Divorced ~~Female~~ Colored Single Widower Number of children living

Husband of
Wife

Father's Name Lord Pym Robinson | Mother's Name Josephine Robinson

Cause of Death { Primary Imm chs Pneumonia | How long sick 24 hours

Death { Immediate 4 | 92 | Accident, Suicide, Homicide

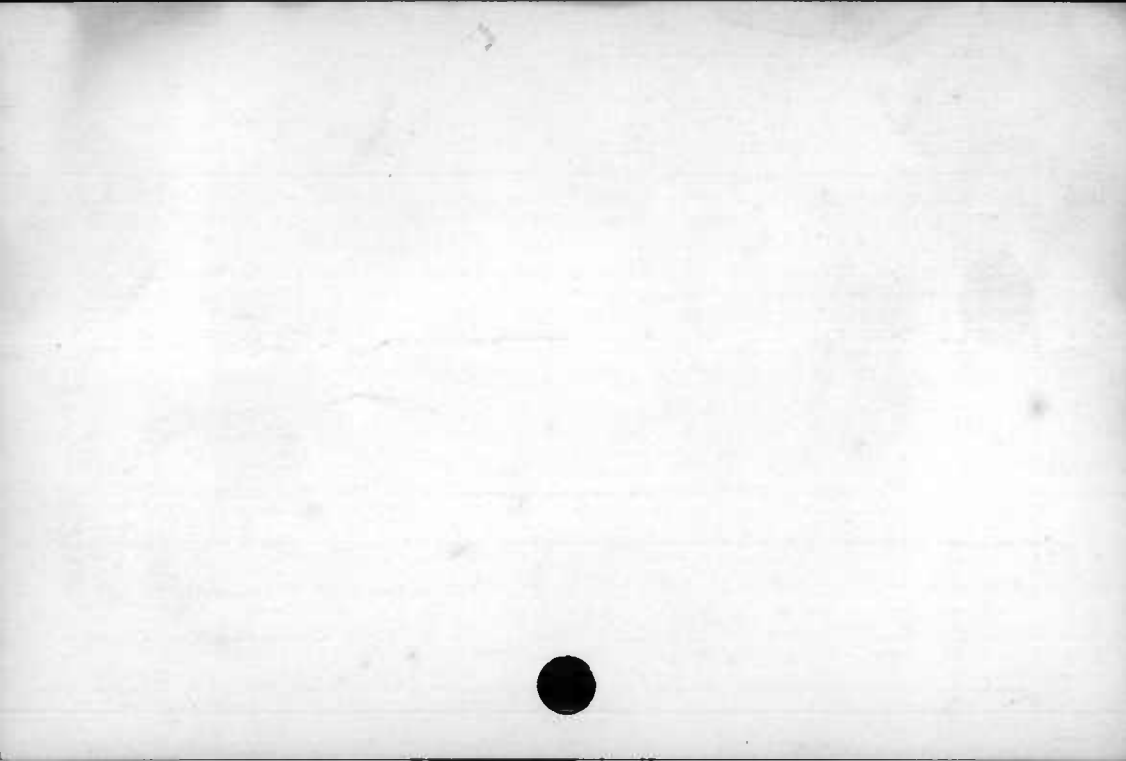
Reported by C. A. Rutledge M.D.

Address Rutledge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full <i>Susan Robinson</i>		CERTIFICATE OF DEATH	
Died at <i>Madama</i> Town <i>Harpord</i> County		MARYLAND	
Date of death <i>1905</i> Month <i>Dec</i> Day <i>21</i> Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>13</i>			
Sex <i>Female</i> Color or Race <i>Col</i> Birth-place <i>Madame</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Daniel Robinson</i>	Father's Birthplace <i>Balto Co</i>		
Mother's Maiden Name <i>Annie Callingsale</i>	Mother's Birthplace <i>Balto Co</i>		
Name of person giving information <i>Daniel Robinson</i>	How related to deceased <i>Parents</i>		
CAUSES OF DEATH			
Primary <i>Transition</i>	How long <i>151</i>		
Immediate	How long <i>3 days</i>		
Are the name, age, sex, color, date and place correctly given above? <i>yes as far as known</i>	Signature of Physician <i>J. L. Turner</i>		
	Address <i>White Hall</i>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Federal Hill</i> ^{Town}		<i>Harford Co</i> ^{County}			
Date of death	<i>1905</i>	Month	<i>Dec</i>	Day	<i>19</i>
		Age	<i>77</i>	Years	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Penn</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death <i>Federal Hill</i>		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Martha Shanbarger</i>		
Father's Name	<i>John Shanbarger</i>			Father's Birthplace	<i>Penn</i>
Mother's Maiden Name	<i>Barbara Ann Fishel</i>			Mother's Birthplace	<i>Penn</i>
Name of person giving information	<i>John Shanbarger</i>			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Organic heart</i>	How long	<i>2 years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. J. Turner</i>	
		Address	
		<i>White Hall</i>	
Accident or Suicide?			



Name
in
Full

William Henry Shaubarger

CERTIFICATE OF DEATH

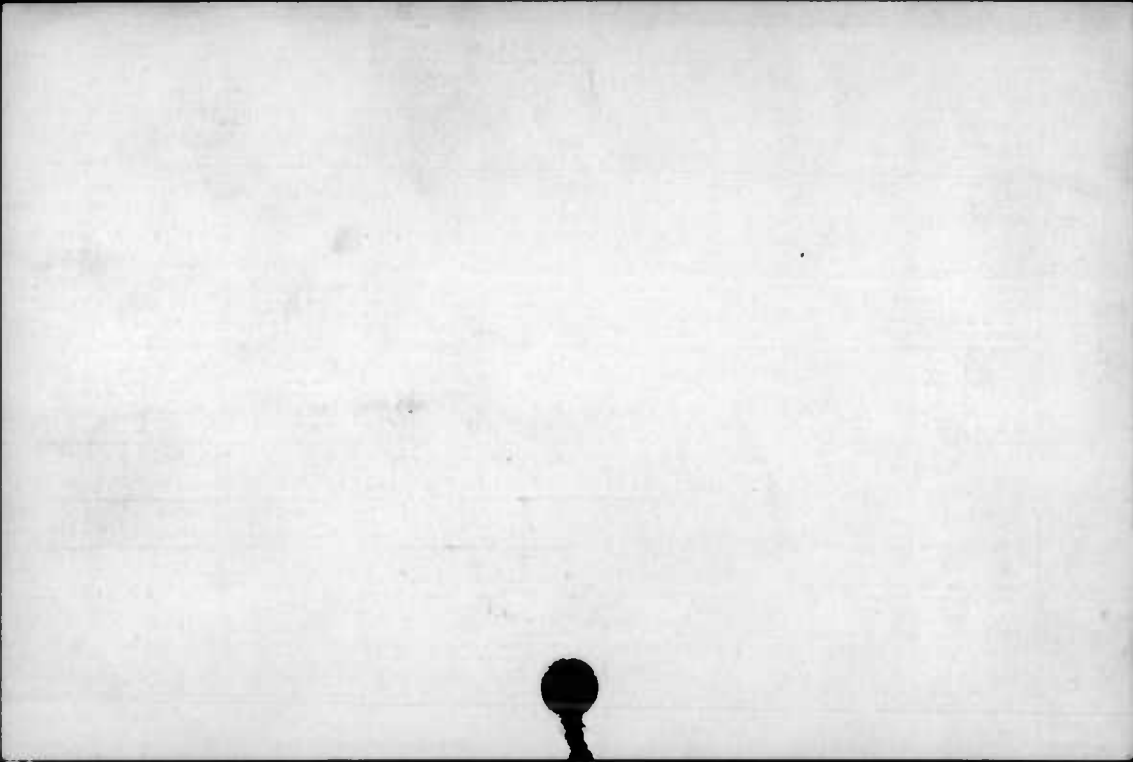
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pylesville</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1905 Dec. 29</i>		Age <i>38</i> ^{Years}		<i>5</i> ^{Months} <i>13</i> ^{Days}	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Harford Co. Md.</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>place of death</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Katharine Shaubarger</i>			
Father's Name <i>Henry Shaubarger</i>		Father's Birthplace <i>Harford Co. Md.</i>			
Mother's Maiden Name <i>Mary Ann Alexander</i>		Mother's Birthplace <i>Laurens Co. Pa.</i>			
Name of person giving information <i>Geo. W. Shaubarger</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>High Nervous Tension</i>		How long <i>Near 1 week</i>	
Immediate <i>Heart Exhaustion from High Nervous Tension</i>		How long <i>Short time</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Vallie Hawkins M.D.</i>	
		Address <i>Fawn Group - Pa.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

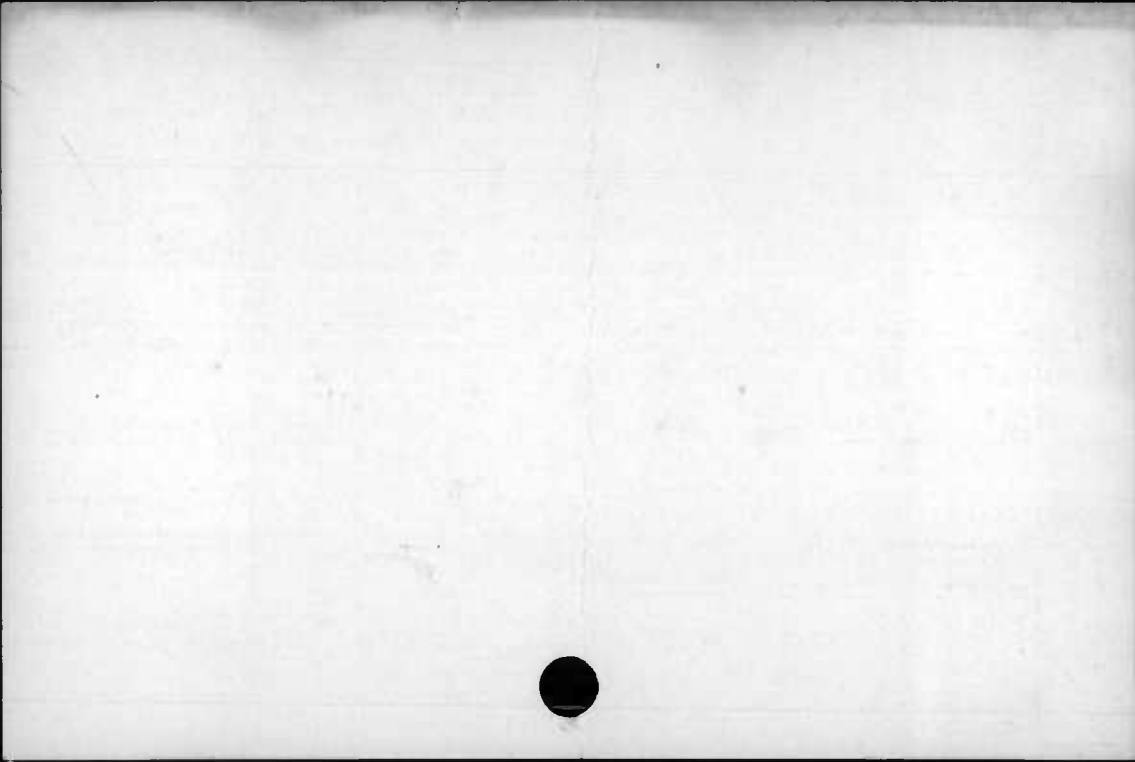
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lapidum</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>12</i> ^{Day} <i>1</i>		<i>Age about 2 hours</i> ^{Years}		^{Months} ^{Days}	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Lapidum</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Otho Smith</i>		Father's Birthplace <i>Howard Co</i>			
Mother's Maiden Name <i>Alice Wilson</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Otho Smith</i>		How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long
Immediate <i>Died about 2 hours</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R W Smith M.D.</i>
	Address <i>Wanda Beech</i>
Accident or Suicide?	<i>md</i>



Name
in
Full

John Wesley Smith

CERTIFICATE OF DEATH

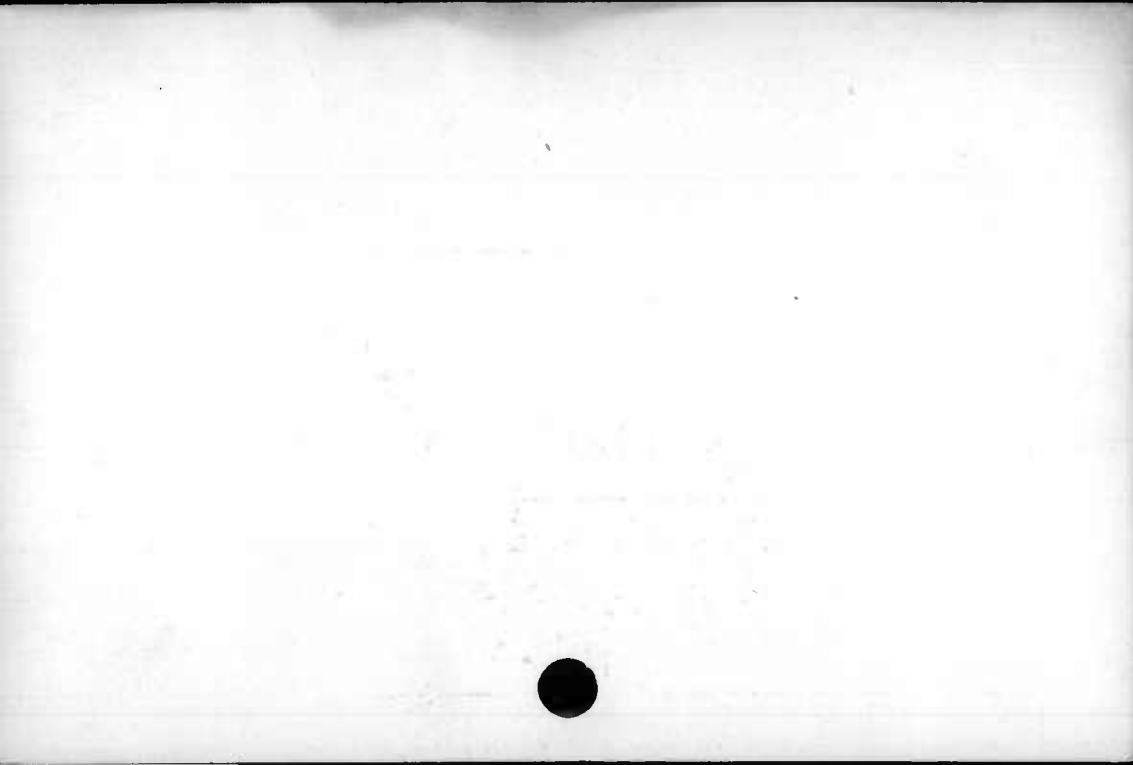
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mountain</i>		Town		<i>Harpur</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>Dec</i>		Day <i>3</i>		Age <i>31</i>		Years	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Mountain</i>		Months		Days <i>24</i>	
Occupation <i>Iron Worker</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband					
Father's Name <i>Isaac Smith</i>				Father's Birthplace <i>Harpur Co Md</i>					
Mother's Maiden Name <i>Maria Smart</i>				Mother's Birthplace					
Name of person giving Information <i>Mother</i>				How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>		How long <i>About 8 months</i>	
Immediate <i>Inanition</i>		How long <i>Several weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. H. Carpenter M.D.</i>	
Address <i>Landlineville Md</i>		Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Georgiana Tennent* Town *Dublin* County *Harford*

Died at *Dublin*

Date of death *1903* Month *12* Day *3* Age *54* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation _____ Where Residing if not at place of death *Ind*

~~Married~~ Single Name of Wife or Husband _____

Father's Name *John Tennent* Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information *Mrs. Robt Tennent* How related to deceased *sister in law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

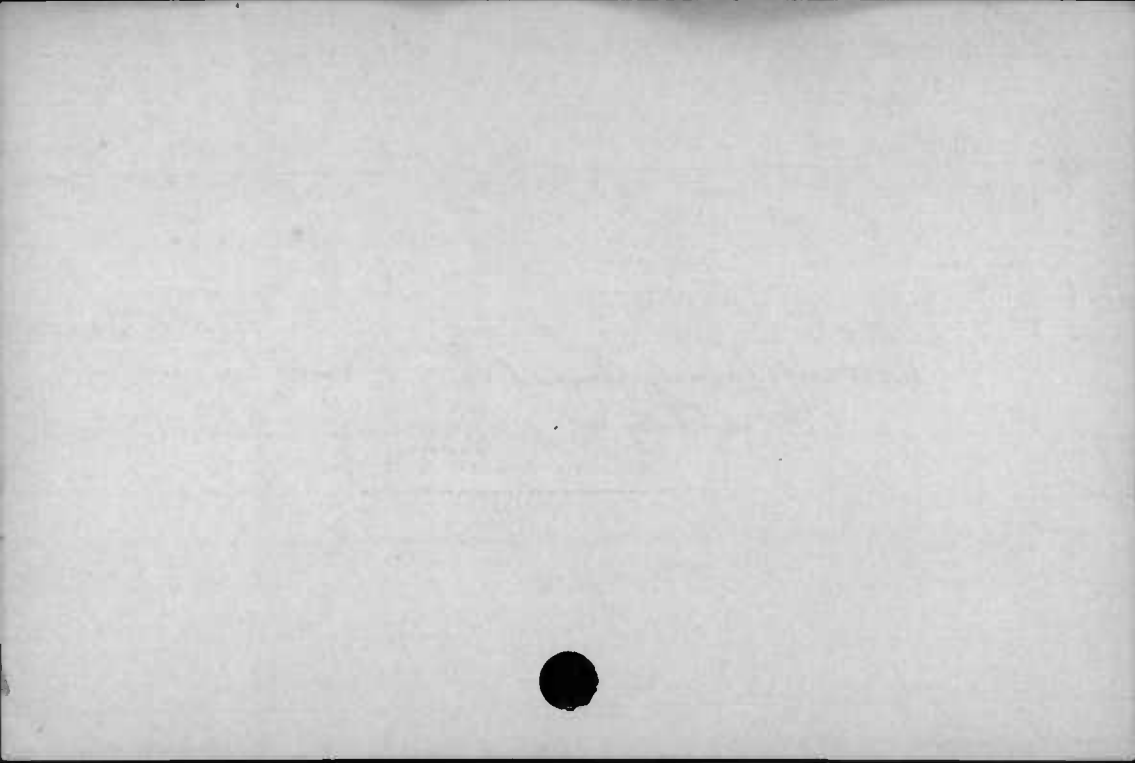
Primary *Dr. Arthur* How long *3 years*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. E. Arthur* Address *Cardiff Md*

Accident or Suicide? _____



Name
in
Full

Frank C. Therman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

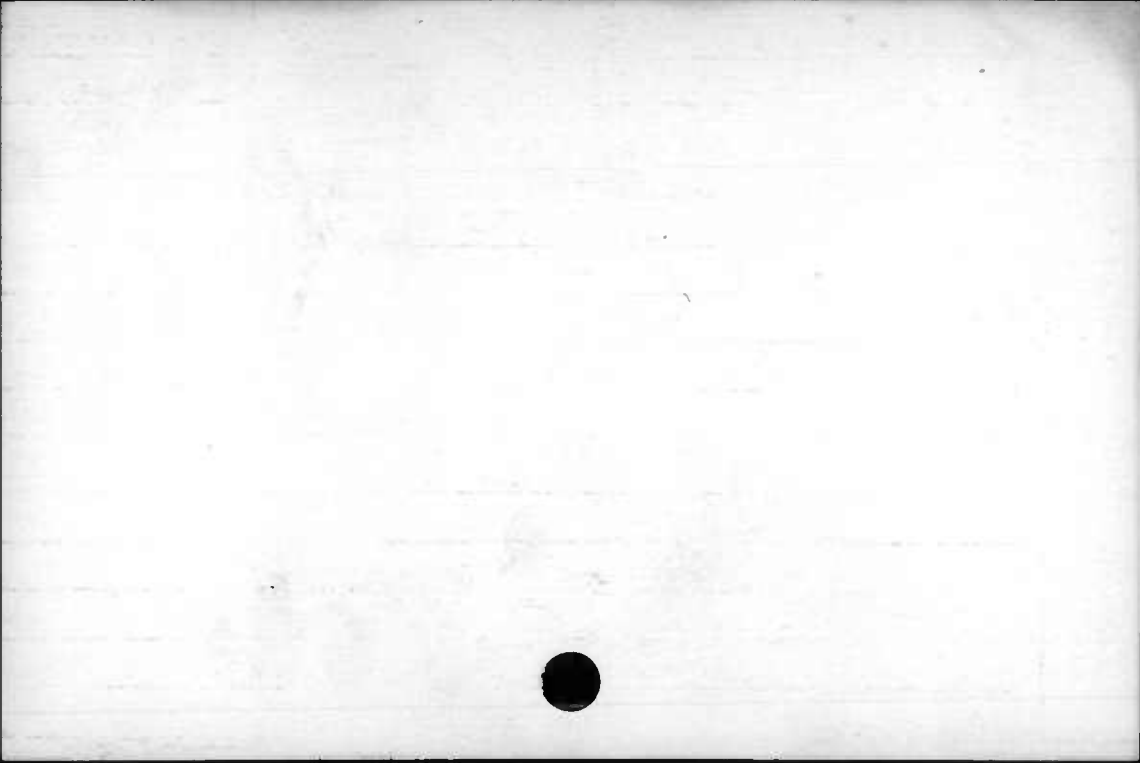
MARYLAND

Died at		Town		County			
Date of death	1905	Month	Dec.	Day	15	Age	1
Sex	Male		Color or	White		Birthplace	Harrods Grove
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Jacob Therman				Father's Birthplace	H. de Grace	
Mother's Maiden Name	Mary Ann Smith				Mother's Birthplace	" " "	
Name of person giving information	Father Jacob Therman				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Membranous Croup	How long	
Immediate	Diphtheria	How long	Several Days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. H. Smith M.D.
		Address	Harrods Grove
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

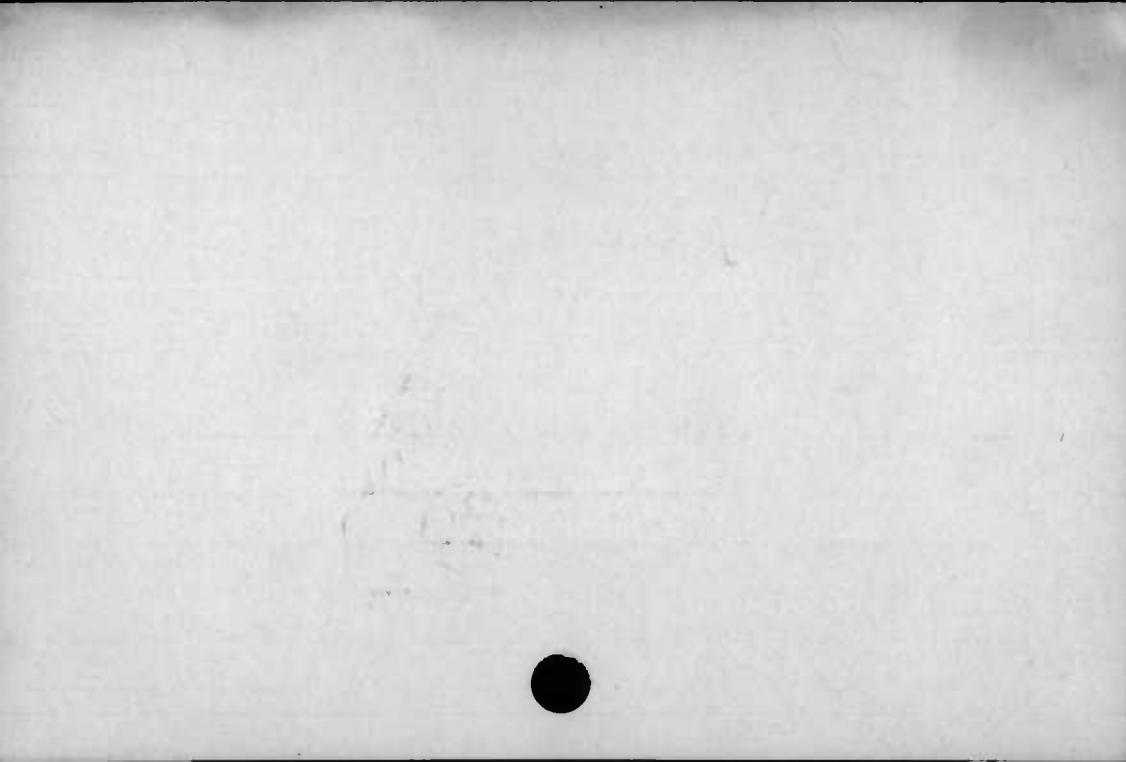
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Churchville</i>		County <i>Harford</i>		MARYLAND	
Date of death	1905	Month	Dec	Day	8	Age	30
Sex	Male		Color or Race	White		Birth-place	Churchville
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	<i>J. Finney Wakeland</i>					Father's Birthplace	<i>Ind.</i>
Mother's Maiden Name	<i>Rachel C. Keithley</i>					Mother's Birthplace	<i>"</i>
Name of person giving information	<i>J. Finney Wakeland</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>4 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. A. Callahan</i>
<i>yes</i>		Address	<i>Creswell Md</i>
Accident or Suicide?			



Name
in
Full

Sophia Webster

CERTIFICATE OF DEATH

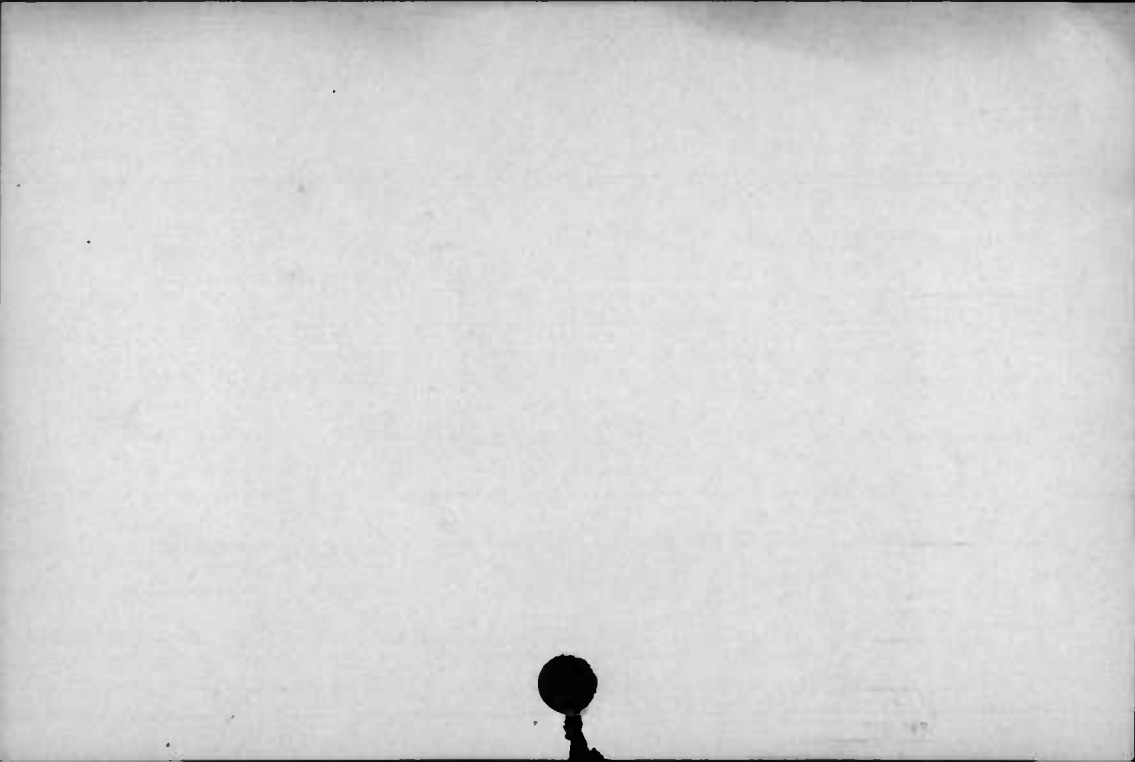
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dublin</u> Town		<u>Starford</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec.</u>	Day <u>3rd</u>	Age <u>about 70</u>	Months <u>~</u>	Days <u>~</u>
Sex <u>Female</u>	Color or Race <u>colored</u>		Birth-place <u>Maryland</u>		
Occupation <u>Housekeeper</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>George Webster</u>				
Father's Name <u>Not known</u>	Father's Birthplace <u>Not known</u>				
Mother's Maiden Name <u>" "</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Husband</u>	How related to deceased <u>—</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Pulmonary Tuberculosis</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. Tobias, M. D.</u>
	Address <u>Castleton, Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

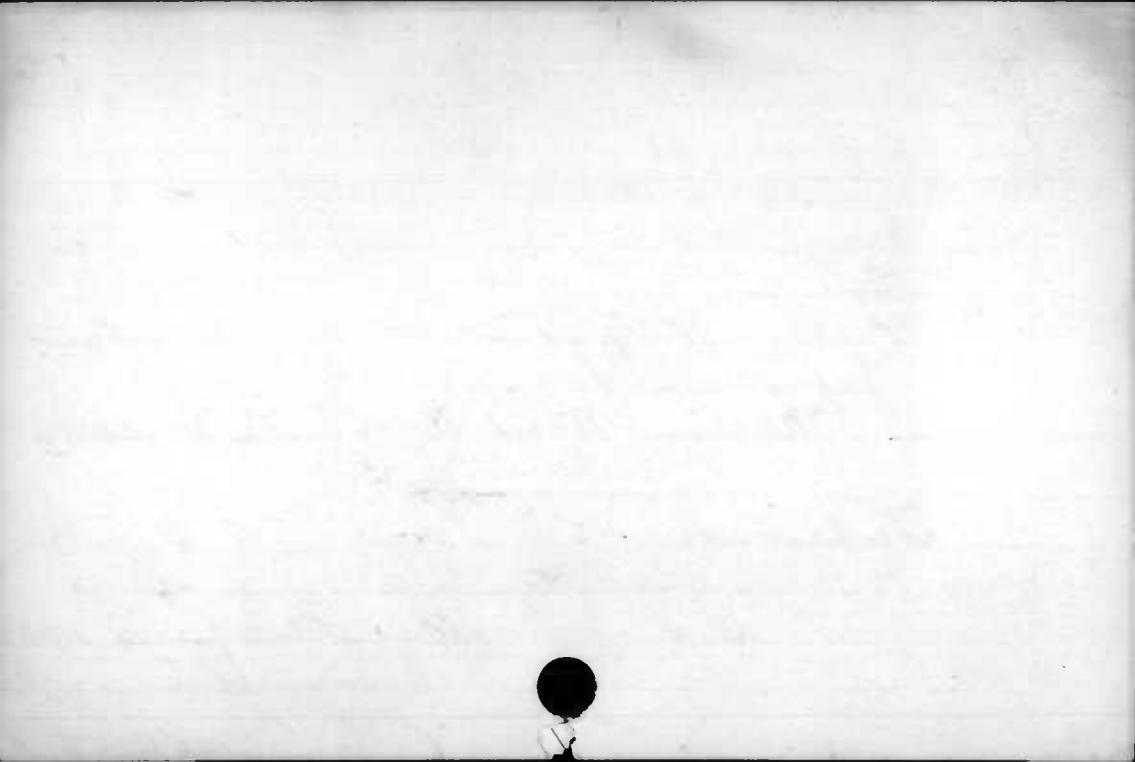
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Thomas Whalen</i>		Town <i>Clayton</i>		County <i>Hartford</i>		MARYLAND	
Died at <i>Clayton</i>		Month <i>12</i>		Day <i>9</i>		Years <i>40</i>	
Date of death <i>1901</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation <i>Stone mason</i>		Where Residing if not at place of death <i>Margaret</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Margaret Whalen</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Larry Whalen</i>		How related to deceased <i>Son</i>		<i>120</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac & Kidney Disease</i>	How long <i>Several years</i>
Immediate <i>Renal Failure</i>	How long <i>2 months or more</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. J. Steeper M.D.</i>
	Address <i>Franklinville, N.C.</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

Bertha Whitaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pleasantville</i> Town		<i>Harford</i> County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Dec</i>	Day <i>13</i>	Age <i>18</i> Years	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i></i>		
Occupation <i>None</i>	Where Residing if not at place of death <i></i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i></i>				
Father's Name <i>Wesley Whitaker</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Josephine Black</i>	Mother's Birthplace <i></i>				
Name of person giving Information <i>Marion Whitaker</i>	How related to deceased <i>Cousin</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of Lungs</i>	How long <i>2 Years</i>
Immediate	<i>Hemorrhage of Lungs</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. H. Davis M.D.</i>	
	Address <i>Pleasantville</i>	
Accident or Suicide?	<i>Maryland</i>	

